

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Rangel for Congress

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit card payment - various Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D259018 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div>15591.44</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	8		2	0	0	9													
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D259126 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div>200.39</div> <div>[MEMO ITEM]</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	8		2	0	0	9													
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2855 City New York State NY Zip Code 10116-2855 Purpose of Disbursement Credit card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D259127 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div>40.00</div> <div>[MEMO ITEM]</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	8		2	0	0	9													

SUBTOTAL of Disbursements This Page (optional)

15591.44

TOTAL This Period (last page this line number only)